

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
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**FOR OFFICE USE ONLY**

Date Received  
Postmark Date (If Filed Late)

**FORM L-5B** (Revised 4/05)  
**LOBBYING FINANCIAL REPORT**  
TO BE FILED by PRINCIPAL

ORIGINAL FILING ☐

AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE  
REPORTING PERIODS (Check ☐ Appropriate Box)

**2006 Non Legislative Session Year Report**

\* January 1 – December 31 (due February 15, 2007) ☐

**In the event of Special Legislative Session(s) the following will apply:**

\* Adjournment of Special Session (due 30 days after adjournment) ☐

\* End of Session – December 31 (due February 15, 2007) ☐

\* Report is required only if reportable payments exceeding \$2,200 for lobbying activities or to support or assist lobbying activities have been made during calendar year 2006.

FULL NAME OF PRINCIPAL

COMPLETE BUSINESS MAILING ADDRESS (Including City, State, Zip)

PLEASE NOTE: If reportable payments for lobbying activities of more than \$2,200 have been made this calendar year and previously reported, but no payments for lobbying activities have been made AND no earmarked contributions received (refer to Part III) during the reporting period, check box to the right and only file first page. ☐

**CERTIFICATION**

I, \_\_\_\_\_, \_\_\_\_\_,  
PRINT Name of Authorized Representative of Principal Title

certify that the facts stated in this report are true and correct to the best of my knowledge and belief.

SIGNATURE of Authorized Representative of Principal

Date

Telephone Number

**PART I**

Required In accordance with MCA 5-7-102, 5-7-112, and 5-7-208

**Payments for lobbying activities that exceed \$2,200\* to one or more individuals to promote, oppose, or modify the introduction or enactment of legislation on behalf of the Principal are required to be reported.**

*\*reimbursement for personal living expenses do not have to be reported*

<b>A. DURING THIS REPORTING PERIOD, PAYMENTS WERE MADE TO THE FOLLOWING LOBBYISTS TO PROMOTE, OPPOSE, OR MODIFY THE INTRODUCTION OR ENACTMENT OF LEGISLATION, OR TO SUPPORT OR ASSIST LOBBYING ACTIVITIES:</b> (Payments include salaries & fees, allowances, rewards, contingency fees)	
<b>Full Name of Lobbyist Paid</b> ( <u>Please Print</u> )	<b>Date Registered Lobbyist Will Cease to Represent Principal</b>

*If additional space is required, provide information on a separate sheet and attach it to report.*

<b>B. THIS REPORTING PERIOD, FOLLOWING PAYMENTS WERE MADE:</b>	<b>Amount Paid (\$)</b>
<b>TOTAL REPORTABLE PAYMENTS TO LOBBYISTS</b> (From Section A)	
<b>TOTAL PAYMENTS MADE TO INDIVIDUALS (OTHER THAN REGISTERED LOBBYISTS) EMPLOYED OR RETAINED TO LOBBY OR TO SUPPORT OR ASSIST LOBBYING ACTIVITIES</b>	
<b>TRAVEL EXPENSES</b>	
<b>ADVERTISING</b> ( <i>including production costs</i> )	
<b>ENTERTAINMENT</b> ( <i>including all foods and refreshments</i> )	
<b>COMMUNICATION</b> ( <i>including telephone, fax, e-mail</i> )	
<b>POSTAGE</b>	
<b>PRINTING</b>	
<b>OTHER OFFICE EXPENSES</b>	

**TOTAL PAYMENTS FOR LOBBYING ACTIVITIES THIS REPORTING PERIOD**

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**PART II**  
Required in accordance with MCA 5-7-208(5)(d)

List each bill draft request, bill number, and legislative issue\* for which a major effort\*\* was exerted to support, oppose, or modify the introduction or enactment of legislation, and stating the Principal's position.

\* Describe in sufficient detail to ensure determination of subject, i.e. "no-fault insurance," "methane gas regulation," etc.

\*\* See Administrative Rules of Montana 44.12.102(6)

ISSUE, LC #, SB #, or HB #	SUPPORT, OPPOSE, OR MODIFY

*If needed, provide additional information on separate sheet and attach to report.*

**PART III**  
Required in accordance with MCA 5-7-208(5)(c)

List each earmarked contribution and membership fee of \$250 or more, aggregated over the period January 1 through December 31, paid to the Principal for the purpose of promoting, opposing, or modifying the introduction or enactment of legislation. Provide full name of each payer, amount, and issue area.

Full Name Complete Mailing Address of Member/Contributor	Amount	Issue Area Earmarked
	\$	
	\$	
	\$	

*If needed, provide additional information on separate sheet and attach to report.*

**PART IV**  
Required in accordance with MCA 5-7-208(5)(b)

Itemize by name of payee and beneficiary, each separate payment of \$25 or more paid to the benefit of any public official and each separate payment of \$100 or more paid to the benefit of more than one public official. *Amount of benefit must be reported as an expense in Part I.*

Complete Name of Payee	Benefit Amount	Name of Public Official Receiving Benefit
	\$	
	\$	

*If needed, provide additional information on separate sheet and attach to report.*